

Washington Metropolitan Area Transit Commission

2013 Carrier Annual Report Form

Read the accompanying instructions carefully before completing this form.



1. CARRIER INFORMATION:

1509	Wholistic Services III, Inc			
*WMATC No. *Name of Carrier (as shown on certificate of authority)				
1814 Bunker Hill Road, NE		Washington	DC	20018-3220
*Street Address of Principal Place of Business		Apt./Suite	City	State Zip
1221 Massachusetts Ave, NW		1	Washington	DC 20005
Mailing Address (if different from street address)		Apt./Suite	City	State Zip
202-347-5334			quellglance@aol.com	
*Telephone	Other Telephone	Fax	E-mail	

2. OTHER PASSENGER CARRIER AUTHORITY (if applicable, list carrier/permit number):

USDOT No.	DCTC No.	Virginia DMV passenger carrier No.	Maryland PSC No.
-----------	----------	------------------------------------	------------------

3. CARRIER CONTACT PERSON (at mailing address to whom we should direct inquiries):

Mr. Robert Arnold Thomas		Corporate Secretary	
*Name		*Title	
202-347-5334	202-347-1916	quellglance@aol.com	
*Telephone	Other Telephone	Fax	E-mail

4. REGISTERED AGENT INSIDE THE METROPOLITAN DISTRICT FOR SERVICE OF PROCESS

*Complete section 4 only if the principal place of business in section 1 is outside the Metropolitan District. The Metropolitan District includes the District of Columbia, Prince George's Co., Montgomery Co., Alexandria, Arlington, Fairfax, Falls Church, and Dulles Airport. For a full description, see www.wmatc.gov.

Name of Registered Agent for Service of Process		Telephone	E-mail
Agent Address (must be inside Metropolitan District)		Apt./Suite	City State Zip

5. ***CHANGES:** Describe any merger, consolidation or other change in management, ownership, control, or form of organization that occurred after the previous year's annual report was filed, or if not applicable, after the carrier's certificate of authority was issued. If no changes are entered below, the carrier certifies that no such changes have occurred.

6. ***LIST OF REVENUE VEHICLES USED IN WMATC OPERATIONS:** (1) list your vehicles below or (2) attach a complete vehicle list to both pages of this form. Include all required information.

Fleet No. If applicable	*Model Year	*Make	*Vehicle VIN (17 digits)	*License Plate Number	*State Registered	*Seating Capacity	Wheelchair Lift or Ramp Yes/No
X	2006	CHEVY	1GAHG39U761224139	B42863	D.C.	15	
X	2006	CHEVY	1GAHG39U961155275	B42865	D.C.	15	
X	2006	CHEVY	1GAHG39U621249661	B42864	D.C.	15	
X	2008	CHEVY	1GAHG39K481160238	B43698	D.C.	15	
X	2008	CHEVY	1GAHG3KX81131052	B43374	D.C.	15	

7. ***CERTIFICATION:**

I certify that this report, including any attachments, was prepared by me or under my supervision, that I have examined it, and that the information contained in it is true, correct, and complete as of this date.

ROBERT A. THOMAS

*Name (type or print)

Robert A. Thomas

*Signature

CORPORATE SECRETARY

*Title (not required for sole proprietors)

7/5/13

*Date